



CITY OF GLOUCESTER – INSPECTIONAL SERVICES
3 POND ROAD, GLOUCESTER, MA 01930
978 281-9774 PHONE 978 282-3036 FAX
Massachusetts State Building Code, 780 CMR, 7th edition
Building Permit Application to Construct, Repair, Renovate or Demolish a
One- or Two-Family Dwelling

This Section for Official Use Only

Building Permit Number _____ Date Applied _____

Signature _____ Date _____ Building Code Edition _____
Building Commissioner/Inspector of Buildings

SECTION 1: SITE INFORMATION¹

1.1 Property Address

1.1a Is this a change of use? Yes ☐ No ☐

1.2 Assessors Map & Lot Numbers

Map _____ Lot _____

1.3 Zoning Information

Zoning District _____ Current Use _____ Proposed Use _____

1.4 Property Dimensions

Lot Area (sq ft) _____ Frontage (ft) _____

1.5 Building Setbacks (ft)

| Front Yard | | Side Yards | | Rear Yard | |
|------------|----------|------------|----------|-----------|----------|
| Required | Provided | Required | Provided | Required | Provided |
| | | | | | |

1.6 Water Supply (M.G.L. c.40 § 54)

Public ☐ Private ☐

1.7 Flood Zone Information

Zone _____ Outside Flood Zone?
Check if yes ☐

1.8 Sewage Disposal System

Municipal ☐
On site disposal system ☐

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record

Name (Print) _____ Address for Service _____

Signature _____ Telephone _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction ☐ Existing Building ☐ Owner-Occupied ☐ Repair(s) ☐ Alteration(s) ☐ Addition ☐
Demolition ☐ Accessory Building ☐ Number of Units ☐ Other ☐ Specify _____

Brief description of Proposed Work² _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

| Item | Estimated Cost (Labor & Materials) | For Office Use Only |
|-------------------------------|---------------------------------------|---|
| Building | \$ | Permit Fee \$50.00 plus \$10.00 per thousand on the 'Total Project Cost' Permit Fee..... \$ 50.00 Total Project Cost _____ x 10 \$ _____ Total Fee: \$ _____ Check No. _____ Amount _____ Cash _____ <input type="checkbox"/> Paid in Full Balance due \$ _____ |
| Electrical | \$ | |
| Plumbing | \$ | |
| Mechanical (HVAC) | \$ | |
| Mechanical (Fire Suppression) | \$ | |
| Total Project Cost | \$ | |

SECTION 5: CONSTRUCTION SERVICES**5.1 Licensed Construction Supervisor (CSL)**

Name of CSL Holder

Address

Telephone

Signature

License Number

Expiration Date

List CSL Type (see below)

| Type | Description |
|------|--|
| U | Unrestricted (up to 35,000 Cu. Ft.) |
| R | Restricted 1 & 2 Family Dwelling |
| M | Masonry Only |
| RC | Residential Roofing Covering |
| WS | Residential Window and Siding |
| SF | Residential Solid Fuel Burning Appliance |
| D | Residential Demolition |

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name

Registration Number

Address

Expiration Date

Telephone

Signature

SECTION 6: WORKERS COMPENSATION INSURANCE AFFIDAVIT [M.G.L. c.152. § 25C (6)]

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.

Signed Affidavit attached? Yes ☐ No ☐ Insurance Certificate attached? Yes ☐ No ☐

SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR THE BUILDING PERMIT

I, _____, as Owner of the subject property hereby authorize

_____ to act on my behalf in all matters relative to work authorized by this building permit application.

Signature of Owner

Date

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

I, _____, as Owner or Authorized Agent hereby declare that the statements
please print name

and information on the foregoing application are true and accurate to the best of my knowledge and behalf.

Signature of Owner or Authorized Agent

Date

(Signed under the pains and penalties of perjury)

NOTES

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will ***not*** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

2. When substantial work is planned, provide the information below:

Total floor area (sq ft) _____ (include garage, finished basement/attic, deck or porch)

Gross living area (sq ft) _____ Type of heating system _____ Habitable room count _____

Number of bedrooms _____ Type of cooling system _____ Number of decks/porches _____

Number of bathrooms _____ Number of fireplaces _____ Enclosed _____ Open _____

Number of half/baths _____

BUILDING PERMIT APPLICATION ROUTING & APPROVAL FORM

Minimum Requirements

- Site plan showing setback dimensions
- Floor plan showing building layout
- Structure drawing for any structural changes

Name of Applicant _____

Current Owner _____

Property Address _____

Number of Units _____ Map _____ Lot _____

If box is checked below then sign-off is required by that department.

| | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> Assessor | Verify Owner Name Verify Map & Lot | Date _____ Date _____ | N/A____ N/A____ | Approved____ Approved____ |
| <input type="checkbox"/> B.O.H. | Demolition Septic Well Other | Date _____ Date _____ Date _____ Date _____ | N/A____ N/A____ N/A____ N/A____ | Approved____ Approved____ Approved____ Approved____ |
| <input type="checkbox"/> Engineering | Compensatory Sewer Fee Sewer Connection Drainage Design Curb Cuts | Date _____ Date _____ Date _____ Date _____ | N/A____ N/A____ N/A____ N/A____ | Approved____ Approved____ Approved____ Approved____ |
| <input type="checkbox"/> Fire Dept. | Smoke Detectors Sprinklers | Date _____ Date _____ | N/A____ N/A____ | Approved____ Approved____ |
| <input type="checkbox"/> Conservation Commission | | Date _____ | N/A____ | Approved____ |
| <input type="checkbox"/> DPW | Water | Date _____ | N/A____ | Approved____ |
| <input type="checkbox"/> Planning Department | Access | Date _____ | N/A____ | Approved____ |
| <input type="checkbox"/> Other (if needed) | | Date _____ | N/A____ | Approved____ |

Comments _____

Is there any Electrical Work? Yes ☐ No ☐
Is there any Plumbing Work? Yes ☐ No ☐
Is there any Mechanical Work? Yes ☐ No ☐

APPROVED BY THE BUILDING INSPECTOR ON _____